

**IF REASON FOR SEPARATION WAS OTHER THAN LACK OF WORK, EXPLAIN.**

**Claimant Name:**  
**SSN:**

**B. OTHER QUALIFYING INFORMATION**

*(To be completed by worker by checking appropriate boxes. All "YES" answers must be explained.)*

1. DID YOU WORK FOR ANY OTHER EMPLOYER AFTER THE EMPLOYMENT SHOWN IN SECTION A?	YES <input type="checkbox"/> NO <input type="checkbox"/>	EMPLOYER NAME _____ ADDRESS _____ DATE OF SEPARATION _____ REASON FOR SEPARATION _____
2. HAVE YOU FILED FOR TRADE READJUSTMENT ALLOWANCES PRIOR TO THIS APPLICATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATE IN WHICH FILED _____ DATE FILED _____
3. DO YOU HAVE A CURRENT ALLOWED UI CLAIM?	YES <input type="checkbox"/> NO <input type="checkbox"/>	PAYING STATE _____
4. ARE YOU CURRENTLY RECEIVING BENEFITS ON A UI CLAIM?	YES <input type="checkbox"/> NO <input type="checkbox"/>	PAYING STATE _____ NAME OF PROGRAM _____
5. SINCE THE EMPLOYMENT SHOWN IN SECTION A, HAVE YOU REFUSED TO ACCEPT REFERRAL TO, OR HAVE YOU FAILED TO REPORT TO A REFERRED TRAINING PROGRAM, OR HAVE YOU BEEN TERMINATED FROM ANY TRAINING PROGRAM?	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATE IN WHICH OCCURRED _____ NAME OF PROGRAM _____
6. ARE YOU NOW RECEIVING ANY TRAINING?	YES <input type="checkbox"/> NO <input type="checkbox"/>	STATE IN WHICH TRAINING IS BEING CONDUCTED _____ NAME OF PROGRAM _____

**C. WORKER CERTIFICATION AND RELEASE AUTHORIZATION**

I give this information to support my request for a determination of entitlement to Trade Readjustment Allowances. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation made to obtain allowances to which I am not entitled. I acknowledge that I must visit a Michigan Works! Service Center for more information and to complete other required paperwork.

I authorize the State of Michigan, Unemployment Insurance Agency, to release information regarding this claim to the involved employer.

SIGNATURE OF WORKER \_\_\_\_\_ DATE OF THIS REQUEST \_\_\_\_\_

**If you have any question about this form, call our TRA Unit at 1-866-241-0152 (TTY customers use 1-866-366-0004).**

**Return this form to:   UIA - TRA Unit  
                                  PO Box 169  
                                  Grand Rapids, MI 49501-0169  
                                  Fax #: 1-517-636-0427**